

**KENTUCKY WORKERS' COMPENSATION FUNDING COMMISSION
2011 ANNUAL AUDIT AND COLLECTIONS REPORT
INDIVIDUAL SELF INSURER
(KRS 342.122)**

Name of Company as Listed with Department of Workers' Claims		Federal Employers' ID Number (FEIN)
Address (Number, Street, Post Office Box) <input type="checkbox"/> Address Change		Contact Person (Person Preparing Report) Name: Title: Phone Number:
City	State Zip Code	

If authorized to carry own risk covered entities **with** Kentucky workers' compensation exposure in Calendar Year 2011 other than, or in addition to, the entity listed above, complete the section below starting with line 2.

Name and Address Of Entity	* Use Codes From Below	SIC Code	Federal Employers' Identification Number (FEIN)	2011 Payroll With Kentucky Workers' Compensation Exposure	Average Number of Employees
Company and Address Listed Above	1		See Above	\$	

Enter Correct Code



Use Continuation Sheet, if necessary

*** Relationship Codes:**

- 1 = Self-Insurer as listed with the Department of Workers' Claims
- 2 = Subsidiary of listed company
- 3 = Division of listed company
- 4 = D/B/A of listed company
- 5 = Contractor of listed company
- 6 = Other: _____

Complete this report and send to address below by April 30, 2012

**Kentucky Workers' Compensation Funding Commission
#42 Millcreek Park, P.O. Box 1128, Frankfort, Kentucky 40602-1128
(502) 573-3505**

**Continuation Sheet
Annual Audit and Collections Report
Individual Self-Insurer
(KRS 342.122)**

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